STD. 262 (REV. 7/2005) Statement On CLAIMANT'S NAME							SSN or EMPLOYEE NUMBER*				Page of Pages			
Ken Burtis OSITION CRAD No.														
Alternate ICOC CB/ID No.							DIVISION OF BUREAU						INDEX NUI	MBER
Alternate ICOC  RESIDENCE ADDRESS.  REXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX							HEADQUARTERS ADDRESS. Same as Re				sidence		TELEPHONE NUMBER	
				entran Antenna entrance			CITY					STATE	ZIP C	ODE
) MONTH/YEAR		(3)	(4)	(5)	MEALS		(6)	(7) TRANSPORTATI			ION		(8)	(9)
Ma		LOCATION WHERE EXPENSES WERE INCURRED	LODGING	BREAK- FAST	LUNCH	O.T., L/T, N/C, RELC OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE		BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
Mar	19	San Mateo, CA		;	10.00	DINNER				6.00-	MILES 173	AMOUNT 97.75		107.75 113.75
	10				10 00					6 00				16.00
			1	:			:					ī		0,00
				:										0,00
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10)				!				:		:			:	0,00
			:							,		:		0,00
OL I		SUBTOTALS CODE (ACCTG. USE ONLY	0.00	0.00	10,00	0.00	0.00	0.00		6.00	173	97.75	0.00	113.75
<u> </u>		CLAIM TOTAL						ta dikada, indusid			l			113,75
11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)											(12) NORMAL WORK HOURS			
Attend ICOC Board Meeting March 19, 2013										LICENSE NUMBER				
1 (	lla	imed milease	ie more	lcon	mucal	the c	en air	fare	CLAX	SFULAX)		LAGE HATE	CLANVILD	
											.565 AGENCY ACCOUNTING OFFICE			
											USE ONLY PAID BY REVOLVING FUND CHECK NUMBER			
of	Californ	CERTIFY That the above is a true sia. If a privately owned vehicle was	used and if mile	age rates ex	seed the mini	mum rate Li	certify that the	a cost of one	rating the	vohicle was			S.ID OHE	CANOMIDER
AI	qual to o	r greater than the rate claimed, and	that I have met	the requirem	ents as preso	cribed by SA	AM Sections	0750, 0751,	0752, 075	3 and 0754		DA <sup>-</sup>	TE	7
					4								/ 1 1	